



State of California • Gray Davis, Governor  
Department of General Services • Interagency Support Division  
**OFFICE OF ADMINISTRATIVE HEARINGS**  
1515 Clay St. # 206 • Oakland, CA 94612  
Phone (510) 622-2722 • Fax (510) 622-2743

**OAH-5 Transcript Estimate Request**

[Rev 5/18/01]

<b>REQUESTOR'S NAME</b>			
<b>MAILING ADDRESS</b>			
<b>CITY, STATE, ZIP</b>			
<b>PHONE NUMBER</b>		<b>FACSIMILE NUMBER</b>	
<b>CASE NAME:</b>		<b>OAH #:</b>	
<b>AGENCY:</b>		<b>AGENCY #:</b>	
<b>TYPE OF REQUEST:</b> <input type="checkbox"/> FULL TRANSCRIPT <input type="checkbox"/> PARTIAL TRANSCRIPT <input type="checkbox"/> ASCII DISK <input type="checkbox"/> CONDENSED TRANSCRIPT			
Number of copies requested _____			
LIST ALL HEARING DATES REQUESTED. IF PARTIAL TRANSCRIPT IS REQUESTED, PLEASE DESIGNATE BY DATE, TIME (e.g., morning only) OR BY WITNESS (e.g., testimony of Dr. Smith) :			
<input type="checkbox"/> Regular Processing Rate (21-25 days preparation) Expedited Rates: <input type="checkbox"/> 2 – 7 days preparation <input type="checkbox"/> 8 – 14 days preparation <input type="checkbox"/> 15 – 20 days preparation If Expedited, date transcript needed by: _____			
ADDITIONAL COSTS APPLY FOR A COPY OF HEARING EXHIBITS OR FILE DOCUMENTS. THOSE ITEMS ARE NOT A PART OF THE TRANSCRIPT:			
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<b>ONE BOX MUST BE CHECKED <u>BEFORE</u> REQUEST CAN BE PROCESSED</b>			
<input type="checkbox"/> TRANSCRIPT IS NOT FOR JUDICIAL REVIEW			
<input type="checkbox"/> *TRANSCRIPT IS FOR JUDICIAL REVIEW AS OUTLINED IN GOVERNMENT CODE Sections 11523 & 69950			
<b>* Please attach a copy of the cover page of the petition as filed with the superior court (which <u>MUST</u> include the Superior Court case number and the Court's official "date filed" stamp).</b>			

SIGNATURE OF REQUESTING PARTY

DATE

**RETURN THIS FORM FOR PROCESSING TO:** Office of Administrative Hearings, Attn: Transcript Coordinator  
1515 Clay St. #206, Oakland, CA 94612  
(510)-622-2722 (510)-622-2743